

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005050

**Entity Name:** ZS PHARMA, INC.**Current Principal Place of Business:**508 WRANGLER DRIVESUTIE 100  
COPPELL, TX 75019**Current Mailing Address:**508 WRANGLER DRIVESUTIE 100  
COPPELL, TX 75019 US**FEI Number:** 26-3305698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CREECH, TODD A MBA  
8875 HIDDEN RIVER PKWY  
SUITE 300, OFFICE 64  
TAMPA, FL 33637 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	C
Name	ALEXANDER, ROBERT
Address	873 SABTA CRUZ AVENUE, SUITE 204
City-State-Zip:	MENLO PARK CA 94025

Title	SD
Name	KEYSER, JEFFREY D.
Address	508 WRANGLER DRIVESUTIE 100
City-State-Zip:	COPPELL TX 75019

Title	T
Name	BERGMARK, NELS
Address	508 WRANGLER DRIVESUTIE 100
City-State-Zip:	COPPELL TX 75019

Title	D
Name	GUILLEM, ALVARO
Address	508 WRANGLER DRIVESUTIE 100
City-State-Zip:	COPPELL TX 75019

Title	PCEO
Name	GUILLEM, ALVARO
Address	508 WRANGLER DRIVESUTIE 100
City-State-Zip:	COPPELL TX 75019

Title	D
Name	MCKEARN, JOHN
Address	508 WRANGLER DRIVESUTIE 100
City-State-Zip:	COPPELL TX 75019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NELS BERGMARK

T

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date